

# APSII+ SCR<sub>s</sub> Implementation Cookbook

01 May 2002



# Table of Contents

Table of Contents	2
Executive Summary	3
Table Updates and Problem Avoidance Report	3
Conversions	5
Software Enhancements	7
Table Updates	8
Appointment Type File Update	8
Standardized Medical Appointment Types	9
Appointment Detail Code Update	10
Standard Appointment Detail Codes	10
Problem Avoidance Report	11
Non-Standard Appointment Type/Detail Code Summary Report	11
File Table Build	19
File/Table (Prior to APS II+ Software Installation)	19
APS II+ Conversions	20
Appointment Type File Conversion	20
Appointment Detail Code File Conversion	21
Hospital Location File Conversion	22
APSII+ Business Rules	23
Business Rules	23
Conversions	23
Medical vs. Non-Medical Appointment Types	23
Appointment Detail Codes	24
Appointment Processing	25
Post Conversion File/ Table Issues	26
APS II+ Software Enhancements	29
Appointment Type Enter/Edit	29
Appointment Type Profile List	30
Appointment Detail Codes Enter/Edit	31
Clinic Profile Edit	32
Screening Logic	33
Error Messaging	33
28-Day Access to Care Standard	33
Appendix A – Detail Codes	34

# Executive Summary



## Table Updates and Problem Avoidance Report

With the release of Appointment Standardization Phase II (APS II), the standard appointment types included PCM, PCM\$, ACUT, ACUT\$, ROUT, ROUT\$, WELL, WELL\$, EST, EST\$, SPEC, SPEC\$, TCON, TCON\$, GRP, GRP\$, PROC, and PROC\$ plus APV, T-CON\*, N-MTF, and EROOM.

Following an APS II transition period and prior to the APS II+ software deployment date, the following will be released to all sites:

### 1. Appointment Type Table Update.

- This update will enable sites time to resolve any file/table issues with regard to non-standard appointment types still in use.
- The Appointment Type file (#44.5) update will include the updated list of standardized medical appointment types to be used by all medical clinics with a Location Type of C (Clinic) or S (Same Day Surgery).
- Dental clinics with a Location Type of D (Dental) currently using the DDSA Scheduler Graphic User Interface (GUI) to schedule appointments will not be impacted by this table update.
- Dental or Radiology Clinics with a Location Type of C (Clinic) and with a MEPRS Code of C\*\*\* or DCA\*, respectively, will not be impacted either.

### 2. Appointment Detail Code Table Update.

- This update will enable sites time to resolve any file/table issues with regard to non-standard appointment detail codes still in use.
- The Appointment Detail Code file (#44.7) will be updated to include the approved standardized Appointment Detail Codes.



## **Table Updates and Problem Avoidance Report (cont)**

### **3. Non-Standard Appointment Type/Detail Code Summary Report.**

This report is being developed to support the sites in identifying any profiles, templates, schedules, and/or wait list requests currently linked to one or more non-standard appointment types and/or appointment detail codes

# Executive Summary (cont)



## Conversions

When the APS II+ software is installed, the following three conversions will be run:

### 1. Appointment Type File Conversion

- A conversion will be run on the Appointment Type file (#44.5) to inactivate all non-standard appointment types by setting the Status field to Inactive to ensure conformance with the Appointment Standardization policy. This conversion will not impact appointment booking.
- In addition, the conversion will identify all non-standard dental/radiology appointment types currently used by any dental/radiology clinics linked to a MEPRS Code of C\*\*\*/DCA\* and will set the new Non-Medical Appt Type field in the Appointment Type file to YES for all non-standard dental/radiology appointment types identified. Dental and radiology clinics using PAS/MCP booking will then be able to continue using their current non-standard dental/radiology appointment types as well as any of the standardized medical appointment type when scheduling appointments.
- Once the APS II+ conversions have run to completion, authorized users will no longer be able to add, edit or inactivate Medical Appointment Types. However, an authorized user assigned the new APS II+ **SD MOD APPT** security key, will have the capability to add, edit, or inactivate Non-Medical appointment type entries in the Appointment Type file using the APRO Appointment Type Enter/Edit option.
- When an authorized user adds a new non-standard (**Non-Medical**) dental/radiology appointment type entry to the Appointment Type file, the system will automatically set the **Medical Appt Type** flag to **NO** and the **Non-Medical Appt Type** flag to **YES**.

# Executive Summary (cont)



## Conversions (cont)

### 2. Appointment Detail Code File Conversion

- A conversion will be run on the Appointment Detail Codes file (#44.7) to inactivate all non-standard detail codes to ensure conformance with the Appointment Detail Code standardization policy.
- Any site-defined non-standard Age detail code identified, which does not conform to the TMA approved standard Age detail code format, will also be inactivated by this conversion.
- Once the APS II+ conversions have run to completion, authorized users will no longer be able to add, edit or inactivate standard Appointment Detail Codes.
- Only authorized users assigned the new APS II+ **SD DETAIL CODE** security key will have the capability to add site-defined AGE detail codes using the standard Age format.

### 3. Hospital Location File Conversion

- A conversion will be run on the Hospital Location file (#44) to identify and inactivate all non-standard appointment types currently linked to individual medical clinics and/or their associated provider.
- This conversion will also identify and delete any non-standard appointment detail code or site-defined Age appointment detail code, not in the standard Age format, from any clinic's "most frequently used" appointment detail code pick list.



## Software Enhancements

### 1. Standardized Appointment Types and Detail Codes

With the release of APS II+, PAS/MCP users entering data for medical clinics will only be able to select active standard medical appointment types and standard and/or site-defined Age detail codes when creating/editing templates and schedules, searching for available appointments, entering/ processing wait list requests, booking Unscheduled Visits (appointment types only) and/or during End of Day Processing. Users entering data for dental/radiology clinics may select either medical or non-medical appointment types.

### 2. Error Messages

All error messages referencing the Medical Appt Type field will be modified to reflect the standardization of appointment types. Additional error messages will be added to reflect the addition of the Non-Medical Appt Type field and the standardization of appointment detail codes.

### 3. 28-Day Access Standard for Specialty and Wellness ATC Categories

In addition, with the release of APS II+, the current 30-day access standard for Specialty and Wellness Access To Care (ATC) categories will be changed to a 28-day access standard. This change will be implemented in all Health Care Finder Booking functions, the Access to Care Summary Report, and in Consult Tracking to support a 28-day access standard for Specialty and Wellness Access to Care (ATC) categories.

# Table Updates



## Appointment Type File Update

The Appointment Type File Update will:

1. Be packaged and deployed as special software prior to the release of the APS II+ software package.
2. Update the Appointment Type File (#44.5) to reflect any and all new standard medical Appointment Types supplied to SAIC by the customer prior to 22 March 2002.
3. For each standard medical appointment type found, make all the fields for that entry in the Appointment Type file (#44.5) uneditable.
4. For each new standard medical appointment type entry being added, set the **Are Appointment Slots Searchable?** field to **YES**. The only Standard medical appointment type entry that is not searchable is T-CON\* (When this field is set to No, the system automatically adds the "\*" to the end of the appointment type when displayed to the user but does not store it as part of the entry).
5. For each existing or newly added standardized appointment type entry found, set the **Status** field set to **ACTIVE** and the **Medical Appt Type** field set to **YES**.
6. Only one new appointment types (**OPAC Open Access Appt** ) is being added as new standardized medical appointment type for this Appointment Type File Update.

# Table Updates (cont)

## Standardized Medical Appointment Type List

The following is the current list of the standard Medical Appointment Types as of 22 March 2002:

<u>Appt Type</u>	<u>Description</u>
ACUT	Acute Appt
EST	Established/Follow Up Appt
GRP	Group Appt with Multiple Pts
OPAC	Open Access Appt
PCM	Initial Primary Care Appt
PROC	Procedure Appt
ROUT	Routine Appt
SPEC	Initial Specialty Care Appt
WELL	Wellness/Health Promotion Appt
TCON	Telephone Consult
-----	-----
ACUT\$	Acute Appt
EST\$	Established/Follow Up Appt
GRP\$	Group Appt with Multiple Pts
OPAC\$	Open Access Appt
PCM\$	Initial Primary Care Appt
PROC\$	Procedure Appt
ROUT\$	Routine Appt
SPEC\$	Initial Specialty Care Appt
WELL\$	Wellness/Health Promotion Appt
TCON\$	Telephone Consults
TCONX	Telephone Consults
-----	-----
APV	Ambulatory Procedure Visit
EROOM	Emergency Room
N-MTF	Non-MTF Appt
T-CON*	Telephone Consult
-----	-----

# Table Updates (cont)

## Appointment Detail Code Update

The Appointment Detail Code File Update will:

1. Be packaged and deployed as special software prior to the release of the APS II+ software package.
2. Be installed prior to running the APS II+ conversions.
3. Update the Appointment Detail Code File (#44.7) to reflect any and all new standard Appointment Detail Codes being implemented in the APS II+ software release and supplied to SAIC by the customer prior to 22 March 2002.
4. For each standard appointment detail code found, make all the fields for that entry in the Appointment Detail Code file (#44.7) uneditable.
5. For each existing or newly added standardized appointment detail code entry found, set the **Status** field set to **ACTIVE**.

## Standardized Appointment Detail Code Listing

Please refer to Appendix A in this document.

:

# Problem Avoidance Report

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## **Non-Standard Appointment/Detail Code Summary Report**

1. The Non-Standard Appointment Type/Detail Code Summary Report will identify any profiles, templates, schedules, and/or wait list requests currently linked to one or more non-standard appointment types and/or appointment detail codes.
2. The Non-Standard Appointment Type/Detail Code Summary Report will be packaged and deployed as a CPET+ to 4.630 after the Appointment Type and Appointment Detail Code file updates are installed but prior to the release of APS II+.
3. This new Non-Standard Appointment Types/Detail Code Summary Report will be pre-released 45-60 days before the APS II+ software package is deployed.

# Problem Avoidance Report (cont)



## Non-Standard Appointment/Detail Code Summary Report (Cont)

4. The Non-Standard Appointment Type/Detail Code Summary Report option has been added to the Problem Avoidance Report Menu:

- 1 Delinquent End-of-Day Processing Report
- 2 Problem Avoidance Report
- 3 Schedule Deficiency Monitor Report
- 4 Telephone Consult Report
- 5 Wait List Management Report
- 6 Non-Standard Appointment Type/Detail Code Summary Report**

Select Problem Avoidance Reports Menu Option:

# Problem Avoidance Report (cont)

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## Non-Standard Appointment/Detail Code Summary Report (Cont)

5. Once the authorized user has entered the division and within the division selected, the clinic/s for which to generate this report, the system will display the following message:  
**THIS IS A COMPLEX REPORT!  
IT WILL ONLY BE PRODUCED AFTER NORMAL DUTY HOURS, AND  
IT WILL NOT BE AVAILABLE UNTIL TOMORROW MORNING.**
6. The system will also display the “**DO YOU WANT TO PROCEED WITH THIS REPORT?NO//**” prompt.
7. If the authorized user elects to proceed, the system will schedule the Non-Standard Appointment Type/Detail Code Summary Report to be generated only **after normal business hours**.

# Problem Avoidance Report (cont)



## Non-Standard Appointment/Detail Code Summary Report (Cont)

### Sample Report Screens

The **Non-Standard Appointment Type/Detail Code Summary Report** will report as output any non-standard appointment types/detail codes linked to the specified clinic's clinic/provider profiles, templates, schedules, and/or wait list requests (refer to **Screens 1 through 5**).

```
----- Screen 1-----
NMC PORTSMOUTH                                     28 Feb 2002@1443 Page 1

                Non-Standard Appointment Type/Detail Code Summary Report (One Clinic)

                ****Clinic Profile****

Division: NAVY OUTPATIENT DIVISION
Department: PRIMARY CARE
Clinic: Primary Care Clinic
-----
=====
Name              Description              Status
=====
Appointment Types
-----
FOL               FOLLOW UP               ACTIVE
NEW              NEW APPOINTMENT       ACTIVE

Detail Codes
-----
1-4W             THIS IS AN INVALID CODE             INACTIVE
3M-2W           TESTING FOR INVALID CODES           INACTIVE
TEST            THIS IS JUST A TEST                INACTIVE
-----
-----End Screen-----
```

# Problem Avoidance Report (cont)



## Non-Standard Appointment/Detail Code Summary Report (Cont)

### Sample Report Screens (cont)

----- Screen 2-----  
NMC PORTSMOUTH 28 Feb 2002@1443 Page 2

Non-Standard Appointment Type/Detail Code Summary Report (One Clinic)

#### \*\*\*\*Provider Profiles\*\*\*\*

Division: NAVY OUTPATIENT DIVISION  
Clinic: Primary Care Clinic

Department: PRIMARY CARE

-----  
Provider: **JAMES,LAWRENCE**  
=====

Appt Type	Status
NEW NEW PATIENT	ACTIVE
FOL FOLLOW UP	ACTIVE
RET RETURN VISIT	ACTIVE

Provider: **AMAYA, RICHARD**  
=====

Appt Type	Status
NEW NEW PATIENT	ACTIVE
FOL FOLLOW UP	ACTIVE

-----End Screen-----

# Problem Avoidance Report (cont)



## Non-Standard Appointment/Detail Code Summary Report (Cont)

### Sample Report Screens (cont)

----- Screen 3-----

NMC PORTSMOUTH 28 Feb 2002@1443 Page 3

Non-Standard Appointment Type/Detail Code Summary Report (One Clinic)

\*\*\*\*Provider Templates\*\*\*\*

Division: NAVY OUTPATIENT DIVISION  
Department: PRIMARY CARE  
Clinic: Primary Care Clinic

=====

Provider

Start Time	Appt Type	Wkl Typ	#per Slot	Dur	Detail Codes	Slot	Comment
---------------	--------------	------------	--------------	-----	--------------	------	---------

=====

VALARI, DONALD

-----

Daily Template ID: MON DV CAR

0800	FOL	C	1	20	3M-2W TEST		TESTING
0820	FOL	C	1	20	3M-2W TEST		TESTING
0840	FOL	C	1	20	3M-2W TEST		TESTING
0900	FOL	C	1	20	3M-2W TEST		TESTING
0920	FOL	C	1	20	MEB		TESTING
0940	FOL	C	1	20	MEB		TESTING
1000	FOL	C	1	20	3M-2W TEST 1-4W		TESTING

-----End Screen-----

# Problem Avoidance Report (cont)



## Non-Standard Appointment/Detail Code Summary Report (Cont)

### Sample Report Screens (cont)

----- Screen 4 -----

NMC PORTSMOUTH 28 Feb 2002@1443 Page 4

Non-Standard Appointment Type/Detail Code Summary Report (One Clinic)

\*\*\*\*Provider Schedules\*\*\*\*

Division: NAVY OUTPATIENT DIVISION Department: PRIMARY CARE DEPARTMENT

Clinic: Primary Care Clinic

-----

Provider: AMAYA, RICHARD

=====

Appt Date	Time	Appt Type	Detail Code	Slot Status
13Feb02	1300	NEW		OPEN
13Feb02	1330	FOL	AD	OPEN
13Feb02	1500	RET	BP	FROZ
13Feb02	1530	RET	MEB	WAIT

-----End Screen-----

# Problem Avoidance Report (cont)



## Non-Standard Appointment/Detail Code Summary Report (Cont)

### Sample Report Screens (cont)

----- Screen 5 -----  
NMC PORTSMOUTH 28 Feb 2002@1443 Page 5  
Personal Data - Privacy Act of 1974 (PL 93-579)  
Non-Standard Appointment Type/Detail Code Summary Report (One Clinic)  
\*\*\*\*Wait List Requests\*\*\*\*

Division: NAVY OUTPATIENT DIVISION Department: PRIMARY CARE  
Clinic: Primary Care Clinic

-----

Patient	FMP/SSN	Prio	Type	Detail Code
Home Phone	Work Phone			

=====

Provider: \*Provider Not Entered\*

-----

EHLERS,PATRICIA K	30/013480118	6	FU	AD
H:860-886-2287	W:			

Provider: AMAYA, RICHARD

-----

LARKIN,AUSTIN P	03/017548911	6	SDA	
H:8604455767	W:			

-----End Screen-----

# File and Table Build



## File and Table (Prior to APS II+ Software Installation)

1. Verify that the **Appointment Type File Update**, reflecting any and all new standardized Appointment Types, has been completed prior to installing the APSII+ package and running the APS II+ conversions.
2. Verify that the **Appointment Detail Code File Update**, reflecting any and all new standard Appointment Detail Codes, has been completed prior to installing the APSII+ package and running the APS II+ conversions.
3. Run the new **Non-Standard Appointment Types/Detail Codes Summary Report**. For each clinic reported, modify any non-standard appointment types and/or detail codes identified using the following options :
  - Clinic Profile Edit option
  - Provider Profile Enter/Edit option
  - Create/Edit Daily Template option
  - Modify Schedules option
  - Wait List Requests options
4. Once the profiles, templates, schedules and/or wait lists requests have been modified, rerun the **Non-Standard Appointment Types/Detail Codes Summary Report** to verify the changes were made correctly.

# APS II+ Conversions



## Appointment Type File Conversion

Once the APS II+ software has been installed, the Appointment Type file(#44.5) conversion will be run. This conversion will:

1. Identify all non-standard dental appointment types currently linked to any dental clinic with a Location Type = D for Dental and a MEPRS Code of C\*\*\* in the Hospital Location (#44).
2. Identify all non-standard dental/radiology appointment types currently linked to any clinic with a Location Type = C for Clinic or S for Same Day Surgery and a MEPRS Code of C\*\*\* for Dental or DCA\* for Radiology, in the Hospital Location (#44).
3. For each non-standard dental/radiology appointment type identified in the Hospital Location file, set the Status field to Active, the Uneditable field to NO, the Medical Appt Type field to NO, and the new Non-Medical Appt Type field to YES for each corresponding non-standard dental/radiology appointment type in the Appointment Type file (#44.5).
4. Identify all other non-standardized appointment types in the Appointment Type file (#44.5) not currently linked to either a dental or radiology Hospital Location, and set the Status field to Inactive, the Uneditable field to NO, the Medical Appt Type field to NO and the new Non-Medical Appt Type field to NO for each non-standardized appointment type identified.
5. Identify all standardized medical appointment types in the Appointment Type file and set the Status field to Active, the Uneditable field to YES, the Medical Appt Type field to YES and the new Non-Medical Appt Type field to NO for each standardized medical appointment type identified.

# APS II+ Conversions (cont)

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## Appointment Detail Code File Conversion

When the Appointment Type file conversion has run to completion, the Appointment Detail Codes file (#44.7) conversion will be run. This conversion will:

1. Identify all non-standardized appointment detail codes to ensure conformance with the Appointment Detail Code Standardization policy and for each non-standard Detail Code identified, set the Status field to Inactive and the Uneditable field to YES for that entry in the Detail Codes file (#44.7).
2. Identify all site-defined Age detail codes that do not conform to the TMA approved standard Age detail code format and for each non-standard AGE Detail Code identified, set the Status field to Inactive and the Uneditable field to YES for that entry in the Detail Codes file (#44.7).

# APS II+ Conversions (cont)

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## Hospital Location File Conversion

When the Appointment Detail Code file conversion has run to completion, the Hospital Location file (#44) conversion will be run. This conversion will:

1. Set the Status field to Inactive for any non-standard medical appointment type currently linked to an individual clinic (except dental/radiology clinics) and/or its associated providers.
2. Delete any non-standard and/or site-defined Age detail code, not using the standard Age format, from any clinic's "most frequently used appointment detail code pick list."



## Business Rules

### Conversions:

1. As part of the Installation, the APS II+ data conversions are “one time only” data conversions and will be run in the same order as presented in this documentation.
2. Each conversion will run to completion before the next conversion is run.
3. The system will set the new Non-Medical Appt Type field in the Appointment Type file to YES for all non-standard dental/radiology appointments identified during the Appointment Type file conversion.

### Medical vs. Non-Medical Appointment Types:

1. The new Non-Medical Appt Type field in the Appointment Type file must be set to YES before any dental/radiology clinics (MEPRS Code = C\*\*\*/DCA\*) can use a non-standard medical appointment type when creating templates/schedules, booking appointments (scheduled or unscheduled visits) and/or during End of Day Processing.
2. Medical clinics (MEPRS Code not equal to C\*\*\*/DCA\*) **may only use** standardized appointment types when creating templates/schedules, booking appointments (scheduled or unscheduled visits) and/or during the End of Day Process.
3. No CHCS user may add, edit, or inactivate the standardized medical appointment type entries in the Appointment Type file.
4. When a new non-standard dental/radiology appointment type entry is added to the Appointment Type file, the system will automatically set the new Non-Medical Appt Type field to YES and the Medical Appt Type field to NO.
5. The Medical Appt Type field and the Non-Medical Appt Type field will be non-editable.
6. Only an authorized user with the new **SD MOD APPT** security key will be able to add, edit or inactivate a non-standard dental/radiology appointment type in the Appointment Type file (#44.5)

# APS II+ Business Rules



## Business Rules (cont)

### Appointment Detail Codes

1. No CHCS user may add, edit, or inactivate the standardized appointment detail codes entries in the Appointment Detail Code file.
2. Only an authorized user with the new **SD DETAIL CODE** security key will be able to add, edit or inactivate site-defined **Age Range** detail codes, using the standard Age format.
3. Only Site-defined **Age Range** detail codes may be added to the Appointment Detail Code file using the DFIL Appointment Detail Code Enter/Edit option. The **Age Range** Detail Codes must be entered using one of the following standard **Age Range** formats:

**0-12** : numbers alone indicates age range in years

**3M-6M** : number+M = age range in months

**1W-4W** : number+W = age range in weeks

**1D-14D** : number+D = age range in days

**3M-1** : 3 months to 1 year

**3W-6M** : 3 weeks to 6 months

**10D-4W** : 10 days to 4 weeks

4. All **Age Range** Detail Codes must contain a hyphen.

# APS II+ Business Rules



## Business Rules (cont)

### Appointment Processing

1. If a pending medical appointment is linked to a non-standard appointment type and/or detail code, the front desk clerk may use the **IPC Individual Patient Check-In** option or the **MPD Multiple Patients** by Default option to check the patient in for the scheduled appointment without having to modify the current non-standard appointment type and/or detail codes linked to the pending appointment/s being processed..
2. If the user elects to use **EOD End of Day Processing** option to check medical patients in, and does not select the Appt Status as one of the data element to modify, the user will be forced to change the non-standard appointment type and/or detail code prior to filing the medical appointment data
3. Dental/radiology Clinics (MEPRS Code = C\*\*\*/DCA\*) will have the option of selecting standard medical and/or non-standard dental/radiology appointment types when creating templates/schedules, booking appointments (scheduled or unscheduled visits) and/or during the End of Day Process as long as the appointment type selected is linked to the dental/radiology Clinic/Provider Profiles.

# Post Conversion File/Table Build



## File/Table Issues

### 1. **Problem: Can't Add/Edit/Inactivate Non-Medical Appointment Types in the Appointment Type Profile**

Only authorized users assigned the new APS II+ **SD MOD APPT** security key will have the capability to add, edit, or inactivate non-standard dental/radiology appointment types to the Appointment Type file using the APRO Appointment Type Enter/Edit option on the PAS Profiles menu. As part of the post conversion file/table activity, verify that the appropriate CHCS users have been assigned the **SD MOD APPT** security key.

### 2. **Problem: Can't Add/Edit/Inactivate Non-Standard AGE Detail Codes to the Appointment Detail Code file (#44.7)**

Only authorized users assigned the new APS II+ **SD DETAIL CODE** security key will have the capability to add, edit, or inactivate non-standard AGE detail codes to the Appointment Detail Code file using the DFIL Appointment Detail Code Enter/Edit option on the PAS File/Table Maintenance menu. As part of the post conversion file/table activity, verify that the appropriate CHCS users have been assigned the **SD DETAIL CODE** security key.

# Post Conversion File and Table Build



## File/Table Issues (cont)

### 3. Problem: Unable to Find Available Appointment Slots

Once APS II+ is installed and the conversions have run to completion, if the sites have not updated their provider templates and/or schedules, based on the new business rules being implemented with APS II+, users will not be able to use their templates to create schedules and/or find any available appointment slots, which are still linked to non-standard appointment types and/or detail codes. To ensure that this is not the case:

- Run the new Problem Avoidance Report (**Non-Standard Appointment Type/Detail Code Summary Report**) to verify that there are no non-standard Appointment Types and/or Detail Codes currently linked to clinic/provider profiles, templates, schedules and/or wait list requests.
- Update those profiles, templates, schedules and wait list request identified in the report that are still linked to non-standard appointment types or detail codes.

### 4. Problem: How to Process Pending Appointments with Non-Standard Appointment Types

If there are pending appointments booked prior to the APS II+ installation and those pending appointments are linked to non-standard appointment types/detail codes, the user will still be able to process the pending appointments.

- If the user selects the Individual Patient Check-In or Multiple Patient Check-In By Default option to process these pending appointments, the user will not be required to change either the appointment type and/or the detail codes linked to the pending appointments.
- If the user elects to use EOD Processing option to check patients in, and does not select the Appt Status as the data element to modify, the user will be forced to change the non-standard appointment type and/or detail code prior to filing the appointment data

# Post Conversion File and Table Build



## File/Table Issues (cont)

### 5. Problem: Can't Enter Telephone Consult Using Unscheduled Visits

To enter a Telephone Consult, the provider selected must be a active CHCS user with ACCESS/VERIFY codes and must have T-CON\* listed as an ACTIVE appointment type in his/her Provider Profile.

The following standard medical appointment types may not be used for Telephone Consults:

- TCON
- TCON\$
- TCONX

When a telephone consult is entered, the system will automatically assign T-CON\* as the correct appointment type for the Telephone Consult.

# APS II+ Software Enhancements



## Appointment Type Enter/Edit option

1. No CHCS user may add, edit, or inactivate the standardized medical appointment type entries in the Appointment Type file.
2. A new **Non-Medical Appt Type** field has been added to the Appointment Type Enter/Edit option on the Profiles Menu in PAS. This field is automatically set to YES when an authorized user with the SD MOD APPT security key elects to add a new non-standard dental/radiology appointment type to the Appointment type file.
3. When this field is set to YES, the non-medical appointment type may be used when creating or editing templates and schedules or when searching for available appointments in any dental or radiology clinic with Location Type of C (Clinic) and a MEPRS Code of C\*\*\* or DCA\*, respectively.

Appointment Type: WELL		SD APPT TYPE
Name:	WELL [Display Only]	
Description:	WELLNESS/HEALTH APPT [Display Only]	
Are Appt Slots Searchable?:	YES	
Status:	ACTIVE	
Category:	INITIAL	
Uneditable:	YES [Display Only]	
Medical Appt Type:	YES	
<b>Non-Medical Appt Type:</b>	<b>NO</b>	
Press RETURN to continue		

# APS II+ Software Enhancements



## Appointment Type List option

With the release of APS II+, the new **Non-Medical Appt Type** added to the Appointment Type file (#44.5) will also be reported as output on the Appointment Type Profile List.

APPOINTMENT TYPE PROFILE LIST

12 Feb 2002@1106 PAGE 7

		SEARCHABLE				MEDICAL	NONMEDICAL
		APPT				APPT	APPT
NAME	DESCRIPTION	SLOTS?	STATUS	CATEGORY	TYPE	TYPE	TYPE
=====	=====	=====	=====	=====	=====	=====	=====
EVAL	EVALUATION	YES	ACTIVE	FOLLOW-UP	NO		YES
EXAM	ANNUAL EXAM	YES	ACTIVE	FOLLOW-UP	NO		YES
-----	-----	-----	-----	-----	-----	-----	-----

# APSII+ Software Enhancements (cont)



## Appointment Detail Code Enter/Edit option

1. No CHCS user may add, edit, or inactivate the standardized appointment detail codes entries in the Appointment Detail Code file.
2. Only an authorized user with the new **SD DETAIL CODE** security key will be able to add, edit or inactivate site-defined Age Range detail codes, using the standard Age Range format.
3. Age Range Detail Codes must contain a Hyphen (refer to the Business Rules section in this document for acceptable Age Range Detail Code formats).

APPOINTMENT DETAIL CODE: 3M-6

Code:	3M-6
Description:	THREE MONTHS TO SIX YEARS
Uneditable:	NO
Status:	ACTIVE

Press RETURN to continue

# APS II+ Software Enhancements (cont)

## Clinic Profile Edit option

1. Only standard **Appointment Detail Codes** or non-standard site-defined **AGE Range Detail Codes**, in the standard **AGE format**, may be added to a Clinic's most frequently used pick list via the Clinic Profile Edit option.
2. When the Clinic Profile data is filed, the user may select up to three Detail Codes from the Clinic's pick list when creating/editing templates/schedules and/or when booking an appointment or performing EOD processing.

CLINIC PROFILE	
HOSPITAL LOCATION: ADULT PRIMARY CARE	
-----	
-	
Select DETAIL CODES:	
17-55	17 YEARS TO 55 YEARS
ACG	AFTER CARE GROUP
ANGER	ANGER MANAGEMENT EDUCATION
ASTHMA	ASTHMA EVALUATION OR EDUCATION APPOINTMENTS
BCP	BIRTH CONTROL
BK	BACK PAIN OR PROBLEM
BIO	BIOPSY
BPAD	ACTIVE DUTY ONLY
BPPR	PRIME ENROLLEES ONLY, NO ACTIVE DUTY
BPAPS	ACTIVE DUTY, PRIME ENROLLEES, AND SPECIAL PRO
+ DM	DIABETES

# APS II+ Software Enhancements (Cont)



## Screening Logic

1. With the release of APS II+, the screening logic for selecting Appt Type and Detail Codes has been modified so that PAS/MCP users entering data for medical clinics will only be able to select active standard medical appointment types and standard and/or site-defined Age detail codes when creating/editing templates and schedules, searching for available appointments, entering/ processing wait list requests, booking Unscheduled Visits (appointment types only) and/or during End of Day Processing.
2. PAS/MCP users entering data for non-medical clinics (dental/radiology clinics) will be able to select active standard medical or non-medical appointment types when creating/editing templates and schedules, searching for available appointments, entering/ processing wait list requests, booking Unscheduled Visits (appointment types only) and/or during End of Day Processing.



## Error Messaging

All error messages referencing the Medical Appt Type field will be modified to reflect the standardization of appointment types. Additional error messages will be added to reflect the standardization of appointment detail codes.



## 28-Day Access to Care Standard

1. with the release of APS II+, the 30-day access standard for Specialty and Wellness Access To Care (ATC) categories will be changed to a 28-day access standard. This change will be implemented in all Health Care Finder Booking functions, the Access to Care Summary Report, and in Consult Tracking to support a 28-day access standard for Specialty and Wellness Access to Care (ATC) categories.
2. The 28-day access to care standard for Specialty and Wellness ATC categories will be implemented in all HCF Booking options, the Access to Care Summary Report, and in Consult Tracking.

# Appendix A - Detail Codes

The following is the current list of the standard Appointment Detail Codes as of 22 March 2002:

1TT	First Trimester
2TT	Second Trimester
3TT	Third Trimester
ACG	After Care Group
AD	Alcohol and Drug
ADEI	Alcohol and Drug Early Intervention
ADHD	Attention Deficit and Hyperactivity Disorder or Attention Deficit Disorder
ADSC	Alcohol and Drug Screening Only
ADTX	Alcohol and Drug Treatment 2 Week Program Only
ANGER	Anger Management Education
ANPST	Anergy Panel (stick)
ANRD	Anergy Panel Reading
AQUA	AQUA Pool
ASTHMA	Asthma Evaluation or Education Appointments
ASTIG	Treatment of Astigmatism
AUENT	Audiometric Diagnostic
BCP	Birth Control
BEESN	Bee Sting
BEPC	Birth and Early Parenting Class
BF>	Weight Exceeding Body Fat Standards
BFC	Breast Feeding Class
BIO	Biopsy
BK	Back Pain or Problem

# Appendix A - Detail Codes (cont)

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BOTOX	Botulinum Toxin Type A Injections
BPAD	Active Duty Only
BPAP	Active Duty and Prime Enrollees
BPAPS	Active Duty, Prime Enrollees, and Special Programs Patients
BPGME	Graduate Medical Education
BPNAD	No Active Duty
BPNAP	TRICARE Standard, Space Available, and Other Patients - No AD or Prime
BPNPR	No Prime Enrollees
BPPR	Prime Enrollees Only, No Active Duty
BPSP	Special Programs Patient
BPTS	TRICARE Standard Patient Only
BRON	Bronchoscopy
BTL	Bilateral Tubal Ligation
CARD	Cardiac Counseling/Care
CATH	Catheter
CAVH	24 hour Dialysis Treatment
CB	Cross Book
CCEP	Comprehensive Clinical Evaluation Program for Persian Gulf Illnesses
CHOL	Cholesterol
CIRC	Circumcision

## Appendix A - Detail Codes (cont)

CLEFT	Cleft Lip and Palate
CMDPSY	Command Directed Psychological Evaluations
CNM	Certified Nurse Midwife
COB	Complicated OB Patient Only
COLON	Colonoscopy
COLPO	Colposcopy, abnormal pap required
CORSCR	Cornea Scrap /Rescrape
COSMETIC	Referrals for Non-Covered Cosmetic Procedures
COUNS	Counseling Only
CPAP	Continuous Positive Airway Pressure
CYSTO	Cystoscopy
DERM	Dermatology Evaluation
DEXA	DEXA Bone Scan
DIL	Dilation
DM	Diabetes
DOSIM	Methocholine & CPEX
DSGCH	Dressing/Bandage Change
DVIOL	Domestic Violence Class
DXE	Dobutamine Stress Test
E&I	Female Endocrine and Infertility Patient Only
EAR	Ear Recheck
ECG	Electrocardiogram
ECHO	Echocardiogram
EDU	Education or Class
EEG	Electroencephalography
EFMP	Exceptional Family Member Program
EGD	Scope of Esophagus and Lower Stomach
EMGM	Nerve Conduction Studies

## Appendix A - Detail Codes (cont)

ENG	Electronystagmography Testing
EP	Auditory Brainstem, Visual, Upper/Lower Somatosensory Evoked Potentials
ERCP	Endoscopic Retrograde Cholangiopancreatography
EVAL	Evaluation - in depth
EXERC	Exercise Therapy
EYEDZ	Eye Disease
EYEEX	Eye Exam
FAM	Family Therapy or Meeting
FCC	Child Care Provider Mental Health Screening
FE	Female Patient Only
FLAP	Flaplift
FLEXS	Esophogastoduodenoscopy/Flexible Sigmoidoscopy
FLT	Flight Physical Exam
FNA	Fine Needle Aspiration
FOOT	Foot or Ankle Evaluation
GAST	Gastric Bypass Surgery Psychological Evaluation
GDB	Gestational Diabetes Patient
GENE	Genetics Consult
GYN	Gynecology Appointments Only
HAE	Hearing Aid Evaluation
HAND	Hand Patient Only
HBT	Hydrogen Breath Test
HC	House Calls
HCATH	Cardiac Catherization
HCDC	Hearing Conservation Patient
HEAD	Headache Education
HOLT	Holter Monitor
HSG	Hysterosalpingogram

## Appendix A - Detail Codes (cont)

HTN	Hypertension Patient
IDC	Independent Duty Corpsman
IMDEF	Immunodeficiency
INJECT	Shot only
INS	Insertions
ISOK	Isolinetec Testing
IUD	Placement of IUD
IVP	Intravenous Pyelogram
KNEE	Knee School for Patient with Knee Pain
LASER	Laser
LASEYE	Laser Eye Surgery
LASIK	Laser-in-situkeratomileusis
LBX	Liver Biopsy
LES	Leishmaniasis Treatment
LIFE	Life Skills Group
LP	Lumbar Puncture
MA	Male Patient Only
MANO	Manometry
MANO/PH	Manometry/24 Hr pH Study
MC	Medicare Eligible
MEB	Evaluation Board Physical Exam
MEDEX	Lumbar Extension Machine, Sports Medicine Only
MH	Mental Health
MINOR	Excision of Skin Tags, Moles, Warts, or Subcutaneous Nodules
MOBEX	Mobilization Intervention & Exercise Therapy, Sports Medicine Only
MOHS	MOHS Surgery
NBO	Newborn Physical Only (3-7 days after discharge)

## Appendix A - Detail Codes (cont)

NECK	Neck Patient
NO	Universal Exclusion - used with other detail codes, i.e., No;THAL, No;WB
NOPAP	Gynecology Appointment Only, No Paps
NP	Nurse Practitioner
NPCL	New Prenatal Class
NPSYC	Neuropsychological Testing Only - No ADHD
NST	Non Stress Test (fetal monitoring during pregnancy)
NUTR	Nutrition Education
OAE	Newborn Hearing Screening
OB	Pregnancy or Obstetrics
ONC	Cancer Patient or Treatment Only
OSS	Overseas Screening
PA	Physician's Assistant
PACE	Pacemaker
PAP	Pap Smear
PARA	Abdominal Paracentesis
PARENT	Parenting Class
PBO	Provider Book Only
PDS	Pathfinding/Drill Sergeant Test
PE	Physical Exam
PEG	Percutaneous Endoscopic Gastrostomy
PFT	Pulmonary Function Test/Spirometry
PHA	Preventive Health Assessment
PHOTO	Photos
PLASMA	Plasma

# Appendix A - Detail Codes (cont)

PNB	Prostate Needle Biopsy
POAE	Pediatric Otoacoustic Emission Test
POP	Post Operative Follow-up
PP	Post-Partum Patient Only
PPD+	Positive Purified Protein Derivative (PPD) or Other Tuberculosis Test Evals
PREOP	Check-in for Surgery / Pre-operation Rounds
PRK	Photo Refractive Keratectomy
PRT	Physical Readiness Test Screens
PULM	Pulmonary Patient Only
PVAP	Psychological Vocational Assessment
PVR	Post-Void Residual
REHAB	Rehabilitation Therapy
RET	Retinal Screening
RMV	Removals
RPD	Readiness Post Deployment
RPG	Retrograde Pylelogram
RPRE	Readiness Pre-Deployment Health
RTM	Rehabilitation Team Meeting
RUG	Retrograde Urethrogram
RX	Medication
SCH	School Physical
SCOLI	Scoliosis
SCS	Skin Cancer Screening
SEA	Sea Duty Screening
SKT	Skin Test
SLEEP	Sleep

# Appendix A - Detail Codes (cont)

SPD	Special Duty Evaluation
SPE	Separation or Retirement Physical Exam
SPRINT	Sprint Test
ST	Exercise Stress Test
STRESS	Stress Management Education Program
TECH	Provider is a Technician
TEE	Trans-esophageal Echocardiogram
TELMED	Tele-Medicine Conference
THAL	Thallium Stress Test
TILT	Tilt Test, Test for Syncope
TOBCES	Tobacco Cessation
TRACTION	Traction Physical Therapy
TRPLT	Transplant
TRUS	Transrectal Ultrasound
URODY	Urodynamics
UROGYN	Urogynecology
US	Ultrasound
VAS	Vasectomy
VF	Visual Field Exam
VIP	Very Important Patient
VT	Venom Test
WB	Well Baby
WCE	Work Capacity Evaluation
WEA	Web and MCP Bookable
WOUND	Wound Care